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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	GRLK-003
First Named Inventor	Iikubo, Yuichi
COMPLETE IF KNOWN	
Application Number	09/966,158
Filing Date	September 28, 2001
Group Art Unit	1764
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MATERIALS AND METHODS FOR THE PRODUCTION AND PURIFICATION
OF CHLOROFLUOROCARBONS AND HYDROFLUOROCARBONS**

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 09/28/2001 as United States Application Number or PCT International

Application Number 09/966,158 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number
OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Robert C. Hyta	46,791	Rozell Williams, Jr.	44,403
Michael D. Beck	32,722	Eric J. Groen	32,230
Deborah R. Beck	37,370	Kevin R. Erdman	33,687

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Robert C. Hyta, Baker & Daniels		
Address	300 N. Meridian Street		
Address	Suite 2700		
City	Indianapolis	State	IN
		ZIP	46204
Country	US	Telephone	317-569-9600
		Fax	317-569-4800

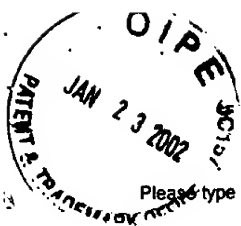
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Yuichi		Iikubo	
Inventor's Signature	Date		Oct 17, 2001
Residence: City	West Lafayette	State	IN
		Country	US
		Citizenship	Japan
Post Office Address	2825 Barlow Street		
Post Office Address			
City	West Lafayette	State	IN
		ZIP	47906
		Country	US

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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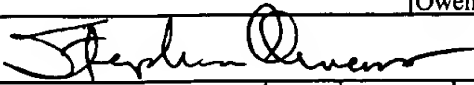

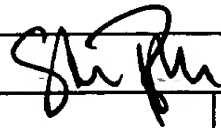
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Stephen				Owens			
Inventor's Signature				Date	Nov 14, 01		
Residence: City	White Pine	State	TN	Country	US	Citizenship	US
Post Office Address							
Post Office Address	327 Deer Creek Trail						
City	White Pine	State	TN	ZIP	37890	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Mitchel				Cohn			
Inventor's Signature				Date	Oct 18, 2001		
Residence: City	West Lafayette	State	IN	Country	US	Citizenship	US
Post Office Address	3029 Courthouse, Apt. 2B						
Post Office Address							
City	West Lafayette	State	IN	ZIP	47906	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Stephan M.				Brandstadter			
Inventor's Signature				Date	Oct 18, 2001		
Residence: City	Indianapolis	State	IN	Country	US	Citizenship	US
Post Office Address	3946 N. Washington Blvd.						
Post Office Address							
City	Indianapolis	State	IN	ZIP	46205	Country	US

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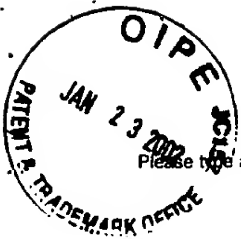
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Vicki E.				Hedrick			
Inventor's Signature	<i>Vicki E. Hedrick</i>					Date	<i>Oct. 17, 2001</i>
Residence: City	Brookston	State	IN	Country	US	Citizenship	US
Post Office Address	9262 S. 300 E						
Post Office Address							
City	Brookston	State	IN	ZIP	47923	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Janet K.				Boggs			
Inventor's Signature	<i>Janet K Boggs</i>					Date	<i>Oct. 17, 2001</i>
Residence: City	Brownsburg	State	IN	Country	US	Citizenship	US
Post Office Address	6922 N 900 E						
Post Office Address							
City	Brownsburg	State	IN	ZIP	46112	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				Qian			
Inventor's Signature	<i>John Qian</i>					Date	<i>Oct. 17, 2001</i>
Residence: City	West Lafayette	State	IN	Country	US	Citizenship	China
Post Office Address	3384 Peppermill Drive, Apt. 1D						
Post Office Address							
City	West Lafayette	State	IN	ZIP	47906	Country	US

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Julie				Sacarias			
Inventor's Signature				Date		Oct 22, 2001	
Residence: City		El Dorado		State		AR	
				Country		US	
Post Office Address		908 W. 7th Street					
Post Office Address							
City		El Dorado		State		AR	
				ZIP		71730	
				Country		US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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				Country			
Post Office Address							
Post Office Address							
City				State			
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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
Gerald T. Gallagher	39,679		
Michael Gzybowski	32,816		
John F. Hoffman	26,280		
Anthony Niewyk	24,871		
Michael D. Smith	40,181		
Michael D. Schwartz	44,326		
Sarah M. Jabbari	47,679		
Kitisri Sukhapinda	47,116		
Dennis S. Schell	48,696		

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